



**ASSESSMENT
OF
REPRODUCTIVE AND MATERNAL HEALTH IN UKRAINE**

EXECUTIVE SUMMARY

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ACRONYMS

ABC	Abstinence, be faithful, and/or use a condom correctly and consistently
AIHA	American International Health Alliance
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
EU	European Union
FP	Family planning
FY	Fiscal year
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IEC	Information, education, and communication
IR	Intermediate Result
IUD	Intrauterine device
JSI	John Snow, Inc.
MEDMA	Medical Management Consulting and Auditing, Ltd.
MIHP	Maternal and Infant Health Project
MOH	Ministry of Health
NGO	Nongovernmental organization
NRHP	National Reproductive Health Program
PDG	Policy Development Group
POPTECH	Population Technical Assistance Project
RFA	Request for Application
RH	Reproductive health
SDC	Swiss Agency for Development and Cooperation
SO	Strategic Objective
STI	Sexually transmitted infection
UAH	Ukrainian hryvnia
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URHN	Ukraine Reproductive Health Network
URHS	Ukraine Reproductive Health Survey
USAID	United States Agency for International Development
WfW	Women for Women crisis centers, operated by Winrock International
WHO	World Health Organization
WRHI	Women's Reproductive Health Initiative
WWC	Women's Wellness Center

EXECUTIVE SUMMARY

In the fall of 2003, the United States Agency for International Development (USAID)/Ukraine contracted with the Population Technical Assistance Project (POPTECH) to conduct an assessment of reproductive health (RH) in Ukraine and to recommend directions for future assistance. A four-person team carried out the assessment in Ukraine from October 20 to November 7, 2003. The team interviewed key informants, including staff from USAID/Ukraine, the Ministry of Health (MOH), USAID-supported projects, and other donors. The team visited more than 25 health facilities in different regions of the country.

In the assessment, particular attention was given to the current state of family planning (FP) services and the use of contraception because family planning is seen by USAID as the core intervention in reproductive health. The team was apprised of past efforts under the Women's Reproductive Health Initiative (WRHI) in Ukraine (1995–2000) to improve family planning and reproductive health and related assessments.

KEY FINDINGS

The level of maternal mortality declined substantially in the past decade, although maternal mortality remains high compared with Western European and some other Eastern European countries. The level of unintended pregnancies continues to be high, with more than half of pregnancies unintended (as of 1999), and with the majority of those ending in abortion. While the MOH reports significant declines in abortion, the official abortion rate is still high relative to Western European and some other Eastern European countries. Disparities between official figures and the 1999 Ukraine Reproductive Health Survey (URHS) findings suggest that the number of abortions was 30 percent higher than reported; it is likely that abortion continues to be underreported. Avoidance of unintended pregnancies and reducing abortion are among the highest reproductive health priorities cited by many MOH officials, in part because they could contribute to further reducing maternal mortality.

Based on the 1999 URHS, use of contraception increased during the 1990s. The overall level of contraceptive prevalence reached 68 percent of married women of reproductive age, but only 38 percent of couples used a modern method. When compared with more developed countries as well as other countries in the region, Ukraine has not been as successful. For example, modern contraceptive prevalence is significantly higher in Kazakhstan (55 percent) and Russia (53 percent). Traditional methods of contraception, used by 30 percent of couples, have higher failure rates; their use contributes to the continuing problem of abortion.

A one-child family is rapidly becoming the norm in Ukraine. The majority of women do not want additional children, and yet most women do not use the most effective long-term methods. Therefore, there is a significant gap between women's stated fertility intentions and contraceptive method choice. This gap also helps explain why abortion levels continue to be high despite the increasing use of contraception. Furthermore, a large proportion of couples lack adequate knowledge about the effectiveness and safety

of modern contraception, resulting in inappropriate method choice given fertility intentions or ineffective or no use of methods.

National Reproductive Health Program

The government of Ukraine adopted a National Reproductive Health Program (NRHP) in 2001. It builds on the former Family Planning National Program (begun in 1995) but is much broader in scope. Various ministries and officials at oblast and city levels are expected to implement the program, but the national budget is very limited and insufficient for the breadth of the program. One aspect of implementing the NRHP has been the development of outpatient and inpatient policies (pricazs) that may help to improve the organization of health services. Other efforts are underway to develop guidelines and clinical protocols for maternal and infant care. Recent research on the barriers to improving reproductive health has highlighted inefficiencies in the current health care system that, if addressed, might allow for a more effective allocation of resources and improved health services.

Gaps in Public Sector Service Delivery

The broad scope of the NRHP is a positive development. However, many health providers interviewed by the team were not particularly concerned about providing family planning services. While the 1999 URHS showed that many users of intrauterine devices (IUDs) and oral contraceptives received their methods from an MOH facility, virtually all the facilities visited offered a limited range of methods and had limited or no supplies of contraceptives (IUDs, condoms, and oral contraceptives). Given the shortage of supplies, family planning services are often limited to counseling, with a bias that appears to have developed toward recommending oral contraceptives for most clients. In addition, the provision of family planning services is fragmented among the multiple MOH facilities (e.g., maternity centers, outpatient clinics, and women's consultation centers). Since there are no functional referral systems in place (for postpartum and postabortion patients), many clients do not receive the services they need. In short, evidence of the lessened attention to family planning in the public sector includes

- a limited range of methods,
- failure to address contraceptive commodity needs,
- inadequate counseling, and
- limited postpartum and postabortion family planning.

Given the shortcomings identified in current MOH family planning programs, it is unlikely that modern method prevalence has improved since the 1999 URHS was conducted.

Private Pharmaceutical Sector

Private pharmacies and drug kiosks are an important source of some contraceptives, such as condoms and oral contraceptives. With public sector commodities in short supply, it appears that many couples simply bypass the MOH system and purchase contraceptives at pharmacies or drug kiosks, as evidenced by a doubling of the oral contraceptive market in the last few years. The potential for the private sector to have an increasing

role in the provision of methods is considerable, although there are two caveats. The government is required to provide free family planning services to the most vulnerable groups but is unable to fill this role at present; low-income groups may find private sector commodities too costly at current prices. Furthermore, pharmacies do not provide counseling in method use, and this may contribute to method failure and discontinuation of use, both of which are problems in Ukraine.

Youth

The NRHP includes a component to promote healthy lifestyles among youth. A number of international organizations are supporting educational and health projects for youth, although such projects include little or no family planning information and services. Adolescents are a vulnerable group, and they are at increasingly high risk of unintended pregnancies and sexually transmitted infections (STIs)/HIV/AIDS, in part because of a declining age of first sexual activity. At the same time, adolescents want more information about reproductive health.

Maternal Health Services

Virtually all women deliver in MOH hospitals; 90 percent receive antenatal care, and the majority receive such care in the first trimester. Pregnancy is viewed as a disease, and an excessive number of pregnant women are hospitalized before delivery. Observations by the team found that clinical management, including antenatal, intrapartum, and postpartum care, does not meet international standards. At the same time, the MOH is engaged in a pilot effort to standardize and update a number of clinical practices. One additional finding is that although maternal mortality has declined, efforts to identify systematic shortcomings of maternal care may be frustrated given that the process of maternal mortality investigation is not anonymous.

RECOMMENDATIONS

The recommendations are presented in four broad areas: policy, integration and linkages, youth, and maternal health.

Policy

- USAID should continue support for implementation and monitoring to increase the MOH's ability to develop the written policy and programs. Assistance should be provided to the MOH to establish priorities aligned with public health concerns and financial resources and to develop action plans, including monitoring systems, to implement its national RH program.
- Additional studies/surveys are needed to monitor and follow up on the implementation of RH policies.
- There should be continued support for advocacy on family planning/reproductive health (FP/RH) to increase public awareness and to ensure that this area remains a priority for the MOH.

- Assistance to the MOH should be provided to improve its contraceptive management capacity to ensure the development of plans for sustainability and self-reliance. Such plans will also enable the MOH to ensure that its limited supplies are available to the most vulnerable groups in the population.
- USAID should support increased involvement of the commercial sector in the provision of contraception to improve method mix and pricing of contraceptives through a social marketing effort and by exploring corporate social responsibility partnerships with pharmaceutical companies.

Integration and Linkages

- Additional effort is needed to integrate organized family planning counseling and services into both postpartum services and postabortion care in order to increase the use of modern family planning methods among postpartum and postabortion clients.
- Family planning counseling and services should be integrated into trafficking initiatives to ensure that this vulnerable population is not put at additional risk of unwanted pregnancy by promoting collaboration between nongovernmental organizations (NGOs) that address trafficking and reproductive health providers.

Youth

- Support should be provided to ensure that FP/RH counseling and services are fully integrated into a number of programs directed toward youth, including the MOH's youth activities, programs supported by other international agencies through the Ministry of Education, youth organizations and networks, and university health centers.

Maternal Health

- While USAID should continue to support the improvement of clinical practices for maternal and newborn care, additional support should be provided to ensure that there is careful monitoring of the process of development of the new clinical standards. If warranted, implementation of the new standards should be extended beyond pilot sites to include obstetric/gynecology training sites.
- Support should be given to modify the process of death investigation so that it is anonymous.



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